

County: Phillips Fraction: NE NW NW Sec. 26 T 4 S R 18 E/W

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)
(to rectify lacking or incorrect information)

Owner: City of Phillipsburg

Location was listed as:

Section-Township-Range: 26 - 4 S - 18W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None

Location changed to:

26 - 4 S - 18W

NE NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Water Right information in WIMAS.

initials: DF date: 4/15/14

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Phillips</u>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	<u>26</u>		<u>4</u>		<u>18</u>	

Distance and direction from nearest town or city street address of well if located within city?

5 1/2 miles south of Phillipsburg

2	WATER WELL OWNER: <u>City of Phillipsburg</u> <u>PO Box 447</u> RR #, St. Address, Box #: City, State, ZIP Code : <u>Phillipsburg Ks 67661</u>	Board of Agriculture, Division of Water Resources Application Number: <u>24740</u>
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>71</u> ft. WELL'S STATIC WATER LEVEL <u>5.8</u> ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>⑤ Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	⑤ Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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N

NW			NE
SW			SE

S

Was a chemical / bacteriological sample submitted to Department? Yes No X.....
If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes X..... No

5	TYPE OF BLANK CASING USED: ① Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter..... <u>16</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much Casing height above or below land surface <u>60</u> in.
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6	GROUT PLUG MATERIAL: 1 Neat cement ② Cement grout 3 Bentonite 4 Other
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Grout Plug Intervals: From 5 ft. to 4 1/2 ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	⑩ Livestock pens	15 Oil well/Gas well	

Direction from well? northeast How many feet? est 800

FROM	TO	PLUGGING MATERIALS
<u>71'</u>	<u>25'</u>	<u>sand</u>
<u>25'</u>	<u>5'</u>	<u>clay</u>
<u>5'</u>	<u>4 1/2'</u>	<u>cement</u>
<u>4 1/2'</u>	<u>surface</u>	<u>cement</u>
<u>4 1/2'</u>		<u>4 gallons CL² Bleach</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-3-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>12-11-06</u> under the business name of <u>City of Phillipsburg</u> by (signature) <u>Sgt. Ralston</u>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.